

forgotten middle class and restore the American dream," he told New Hampshire television viewers.

The time for vague promises is long past. If he still believes in the words he delivered with such conviction in 1992—and in the child tax credit that will turn those words into action—then the President must sign the budget bill we send him in 1995.

Thank you, Mr. President.

I yield the floor.

Mr. FORD addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Kentucky.

Mr. FORD. Mr. President, I want to take just 1 minute.

WE SHOULD TALK ABOUT THE ISSUES

Mr. FORD. Mr. President, I have never understood why the Senate should become a political arena. I have never heard so many speeches and so many names called and so many TV spots referred to. I can refer to the TV spots "read my lips," or I can refer to the vote on President Reagan's budget of 425 to 0 in the House.

I think we ought to get down to the issues. I voted for the tax bill in 1993, and 12,500 taxpayers in my State paid additional taxes and 315,000 paid less. Everybody else paid the same. We have less unemployment today in Kentucky than we had 3 years ago.

Let us talk about the issues, and let us not make this Chamber so political. I yield the floor.

Mr. WELLSTONE addressed the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Florida.

Mr. GRAHAM. Mr. President, if I could yield to the Senator from Minnesota who has a unanimous-consent request.

The PRESIDING OFFICER. The Chair recognizes the Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that following the Senator from Florida I have 10 minutes and the Senator from North Dakota have 10 minutes in succession.

The PRESIDING OFFICER. Is their objection? Without objection, it is so ordered.

Mr. WELLSTONE. I thank the Chair.

Mr. GRAHAM. Mr. President, I ask unanimous consent that my time, which is currently 20 minutes, be extended to 30 minutes as I wish to make a preliminary statement relative to Prime Minister Rabin.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. GRAHAM. Thank you, Mr. President.

THE PEACEMAKER, YITZHAK RABIN

Mr. GRAHAM. Mr. President, it is with deep sadness and great respect

that I offer my profound tribute to the memory of Prime Minister Yitzhak Rabin of Israel. Mr. Rabin was a warrior, brave in battle. He was a visionary, with the courage to seek peace. This Nation and this institution will miss him and his leadership. We will mourn with Israel in its time of loss.

Citizens of my State of Florida are honored that Yitzhak Rabin visited our State on many occasions. We were proud to host a man of such dignity, purpose, and resolve. And we join the world in prayer for healing as this great man was buried yesterday near the place of his birth 73 years ago. We extend our deepest sympathy to his family, but we rejoice in the life of this special man, who has earned the biblical truth, "Blessed are the peacemakers."

AN AMERICAN SUCCESS STORY

Mr. GRAHAM. Mr. President, on Friday of last week, November 3, I began a series of remarks about America's Medicaid Program. I plan to continue that series throughout this week.

In my opening remarks on Friday, I debunked the myth that Medicaid has been a failure. In fact, Medicaid, the Federal-State partnership for health care for poor children and their mothers, for the disabled and for the elderly, has been an American success story. The Senate should be building upon that success story, not retreating from it.

Thanks to Medicaid, the Nation's infant mortality rate dropped 21 percent during the period 1984 to 1992. In 1985, the infant mortality rate in the United States was 10.6 per thousand live births. In 1992, that had dropped to 8.5. The number of babies who were alive in 1992 who would not have been alive had we continued at the 1985 rate of infant mortality—8,000. That is an American success story.

Thanks to Medicaid, 18 million children have access to hospital, physician care, and to prescriptions as well as immunization and other preventive programs.

Thanks to Medicaid, senior citizens can live in dignity in a nursing home when their own private resources are no longer there and there is no family member to care for them.

Thanks to Medicaid, nearly 5 million low-income Americans receive help through the qualified Medicare Beneficiary Program which pays things like their part B, physician's Medicare monthly premiums, copayments, and deductibles as well as paying for prescription medication for the Medicare population, which is also medically indigent. For these qualified Medicare beneficiaries, Medicaid means the difference between a visit to the doctor's office instead of the use of the emergency room.

Thanks to Medicaid, this Nation has decreased its population of severely handicapped residents living in large State institutions from 194,000 to to-

day's less than 70,000. Today, 6 million disabled Americans are covered under Medicaid.

Thanks to Medicaid, children with catastrophic health problems or other special needs get treatment and care. In Florida alone, \$284 million is spent a year through Children's Medical Service, a Medicaid public-private partnership of national renown which last year served 128,000 Florida children. This Federal-State partnership, serving 37 million Americans, has been an American success story.

I have strained my ears to hear the justification, the policy basis, the rationale for the \$176 billion that is being cut from the projected needs of the Medicaid Program which, until \$11 billion was added back at the last minute, had been a \$187 billion cut.

Today I wish to examine why Federal spending on Medicaid has increased. In addition, I wish to look at the basis for the projected needs of those served under Medicaid as America enters the 21st century. Why has Medicaid grown? Why is Medicaid expected to continue to grow? Such an examination will debunk yet another myth. That myth is that you can cut \$176 billion from Medicaid without risking the deaths of infants or the neglect of the elderly or the unnecessary institutionalization of the disabled.

Wednesday and Thursday I wish to discuss how the Senate proposes to reward bad, manipulative behavior in the Medicaid Program and how the inappropriate plan to raid Social Security will be used as a means of paying for the reward in the plan that we sent to Congress. And, finally, I wish to suggest a better alternative, an alternative of genuine reform.

The key argument against Medicaid is that they say Medicaid needs to rein in spending because it is growing out of control. That is the principal argument of the critics. Let us look at the overall figures.

In 1988, Medicaid cost \$51.3 billion in Federal and State funds. We know the Medicaid Program is a partnership between the Federal Government and the States, each contributing to the total cost. In 1993, Medicaid costs had grown to \$125.2 billion. That sounds alarming, and virtually everyone agrees we must restrain the rate of growth of Medicaid. But no one has done a very credible job of explaining the policy basis for cutting \$176 billion.

Today I wish to examine why Medicaid has grown. There are two main factors that drive the cost of the health care system. First, how many people are served, and, second, the cost of serving each one of those people. In the case of Medicaid, we should put the second factor, that is, the cost of providing services to individual Americans who are covered under Medicaid, in perspective.

In the private sector, the growth rate and the cost per person served is estimated to be 7.1 percent per year. That is projected from the years 1996

through the year 2002. The source of this projection is the Congressional Budget Office. This is higher than the projected growth rate for Medicaid, says the same Congressional Budget Office, which calculates that the Medicaid annual growth rate is 7 percent.

What is, therefore, causing this alarming growth in Medicaid? The rate of growth per person is commensurate with, even less than, the average of all Americans' health care cost increases, that in spite of the fact that Medicaid is serving one of the most vulnerable populations—the frail elderly, the disabled, poor children, and their mothers.

There are several key factors that explain why Medicaid has grown so rapidly. First, a fundamental reason why Medicaid has grown is because Americans are living longer. This is a positive trend for America. Greater longevity means that more people are not only living longer and more qualitative lives, but it also means that more people are relying on Medicaid for longer periods.

In 1970, life expectancy at birth in the United States was just over 70 years. By the year 2010, the projected life expectancy in the United States will be almost 80 years. In a period of 40 years, the average life expectancy of an American will grow from 70 to 80. The segment of our population 65 years and older is also living longer, much longer. If you had reached age 65 at the beginning of this century, you could have expected to have lived another 11 years.

Those who reached 65 in 1990 could expect to live an average of an additional 17.2 years, according to the U.S. census. Millions of Americans are living longer, and a higher proportion of our population is reaching senior status.

In 1900, about 40 percent of the population could expect to reach the age of 65. By 1990, 8 out of 10 Americans lived to be 65 years or older.

Why is this relevant? It is relevant because Medicaid pays for half of the total nursing home care in the United States. Nationally, Medicaid pays 35 percent of all long-term care services. In Florida, 70 percent of our Medicaid spending goes to benefits for seniors and disabled.

Mr. President, let me just insert one more set of statistics to underscore the fact that a principal reason why Medicaid is expanding in its expenditures is because Americans are extending their life expectancy.

In 1980, 15 years ago, there were 15,000 Americans over the age of 100. By 1990, that population had nearly doubled. Today, in 1995, there are 56,000 Americans of the age of 100 or older. No one can deny this longevity trend, not Democrats, not Republicans. So when we hear claims about the growth of Medicaid, let us remember one of the fundamental reasons for that growth, thankfully, is as a people we are enjoying the benefits of longer life.

In addition to the aging of our population, there is a second main reason for the growth in Medicaid spending, and that is we have asked the Medicaid system to do more. As an example, we have tackled the infant mortality rate, which was unacceptably high. In my State of Florida in 1991, at the urging of Gov. Lawton Chiles, the Florida Legislature enacted Healthy Start to improve access to prenatal and infant care. As I mentioned in my floor statement on Friday, Healthy Start is an example of a Medicaid success story. In 5 years, Florida went from being above the national average in infant mortality, with an infant mortality rate of 9.6 per thousand live births, to below the national average, at a rate of 8.1 per thousand live births, and the most recent Florida statistic shows that rate continues to fall and is now 7.6 infant deaths per thousand live births. Nationally, the infant mortality rate has declined from 10.6 per thousand live births in 1985 to 8.5 in 1992.

By providing prenatal and postnatal care, we are saving lives, and we are confident that costly medical services will be prevented in later years.

Mr. President, I would like to take just a moment to recall one of the giants of this institution who represented senior citizens across America, the late Hon. Claude Pepper, a Member of the U.S. Senate from 1937 to 1951 and later served a distinguished career in the U.S. House of Representatives.

When I was elected Governor of Florida in 1978, Senator Pepper, then serving in the U.S. House of Representatives, made one request of me. He asked me to expand the Medicaid program in Florida to cover an optional two services: eyeglasses and artificial limbs.

I am proud that one of my first acts as Governor was to sign legislation, inspired by Senator Pepper, to achieve these goals. Senator Pepper said there were too many poor seniors without vision and without limbs. So, yes, Senator Pepper, we have expanded Medicaid so frail seniors can read and walk.

I challenge those who would cut \$176 billion to tell us if they are ready to dismantle this legacy of Senator Claude Pepper, if they are ready to take away the eyeglasses of poor seniors, if they are ready to deny coverage of artificial limbs or return to the infant mortality rates of yesterday.

There is a third reason, in addition to the aging of the population and the additional demands that we have asked of the Medicaid program, and that is that there have been expansions that we have made legislatively. There are, in addition, more and more children who used to get health coverage through their parents' jobs who have now lost their private sector insurance.

Consider this trend line, Mr. President. In 1977, the Census Bureau says that the proportion of children with private health insurance coverage was 71 percent; 71 percent of American chil-

dren had health insurance coverage through private coverage primarily through their parents' place of employment. By 1987, that percentage had dropped to 63 percent; by 1993, to 57 percent; and the projection for the year 2002, which happens to be the seventh year of the budget plan upon which we are currently deliberating, is that it will be 47.6 percent. Less than half of the American children will be covered by insurance at the point of their parents' employment.

The cumulative result of these factors—the aging of the population, the increased expectations of Medicaid and the decline of the percentage of children covered by private insurance plans and, therefore, who are now eligible for and are being covered by Medicaid—has contributed to the expansion of the Medicaid program.

In my State of Florida, as an example, in 1970, shortly after Medicaid was available, 4.3 percent of Florida's population received Medicaid, those recipients who are eligible for Medicaid based on those who were eligible for aid to families with dependent children or supplemental security income. You had to be at one of those two classes in order to be eligible for Medicaid. The percentage of Floridians receiving Medicaid was fairly constant, in the range of 4 to 6 percent, from its inception in 1970 until the program began its expansion in the mid-1980's.

By the 1993 fiscal year, 11.6 percent of Floridians were eligible for Medicaid. Today, that has grown to 12 percent, compared to the national figure of 14 percent of Americans being covered by the Medicaid Program.

In sum, the percentage of Floridians eligible for Medicaid has nearly tripled since the program started a quarter of a century ago. It has tripled primarily because of the aging of the population, because of policy decisions, such as the decision to attack infant mortality, and by the dramatic decline in children covered by private insurance programs and, therefore, becoming eligible for Medicaid and receiving benefits through that program.

Before I move on to my next point, I want to underscore that there are also some adverse reasons why Medicaid is growing. First, we must do a better job of suppressing fraud. Our colleague from Maine, Senator COHEN, estimates that Medicare and Medicaid suffer a combined loss of \$33 billion a year due to fraud and abuse. At last week's hearing before the Senate Select Committee on Aging, the senior Senator from Maine said something that we all know is true. Senator COHEN said: "It is appallingly easy to commit health care fraud."

In Florida, the Florida Supreme Court has just impaneled a grand jury for a year as part of our attack on Medicaid fraud.

In addition to fraud and abuse, there is another adverse reason why Medicaid is expanding. There has been abuse

in the provision known as disproportionate share hospitals, sometimes referred to by the acronym DSH. Today, one out of seven Medicaid dollars is spent on disproportionate share hospitals. The proposal that this Senate adopted 11 days ago will make those payments virtually permanent within our Medicaid system. I will talk more about this phenomenon on Wednesday.

Mr. President, having discussed some of the principal reasons why the Medicaid Program has grown dramatically over the last few years, let us now talk about the basis of projections for Medicaid. We are being asked to cut \$176 billion from Medicaid's projection over the next 7 years. What is the medical rationale for the \$176 billion cut? What is the policy rationale?

Mr. President, I have been seeking a good answer to those questions, and until I get one, I will have to assume that there is no sound rationale for \$176 billion of cuts in Medicaid. I will have to assume that there are other reasons and that those reasons are to fund huge tax breaks, which will go, disproportionately, to the wealthiest Americans.

Mr. President, we are not at a loss because our experts, the Congressional Budget Office, has looked ahead. It has projected an annual rate of increase for Medicaid spending at 10.2 percent through the year 2002.

How did CBO arrive at that figure? The key factors driving the CBO projections were these:

About 45 percent of the CBO-projected increases over the 7-year period are due to additional caseload; 45 percent of the reason why Medicaid is supposed to grow is because it will serve an increasing number of Americans—basically, the same Americans that have led to its growth in the last 10 years, the increasingly elderly population in need of nursing home care, the number of poor children who no longer have health insurance at the point of their parent's employment, and through policy directions to attack the issue of infant mortality.

Do those who want to cut \$176 billion from the Medicaid dispute this projection? Do they claim that we will be serving fewer people? If so, who will we not be serving? Shall we say to that frail senior citizen with poor eyesight who needs glasses that their glasses should be taken away? Will their neighbor who needs an artificial limb be denied? Will the preschooler who needs to be immunized tell us who will not be covered so that we can pay for the tax breaks?

Medicaid serves multiple clienteles. One of the most costly groups served by Medicaid is the disabled. The chronically ill cost at least seven times what it costs to provide for nondisabled children per year. It costs the Medicaid Program seven times per person to serve a disabled person than it does the poor child.

CBO says the projected rate of growth in the number of disabled children to be served is expected to rise 4.1

percent a year, which is higher than the growth rate for all other Medicaid categories. The most expensive category of Medicaid service is the category that is growing the most rapidly. Do those who want to cut \$176 billion for Medicaid suggest that the needs of the numbers of the disabled will not grow at this rate? If they have some basis for that, we look forward to them presenting that to us.

A second reason for the projection of Medicaid increase is that some 30 percent of the projected increase in Medicaid outlays would be caused by increased costs, including national medical inflation—a factor that no individual State can control.

Mr. President, one of the independent expert groups that has explored these tough questions of the future of Medicaid is the Kaiser Commission on the future of Medicaid. The Kaiser Commission issued a report in May 1995 based on Congressional Budget Office data that indicates what Medicaid will look like in the year 2002. The report assumes that States would first do the following things in order to achieve savings: They would enroll individuals in managed care plans; they would reduce provider payment rates; they would cut optional services. The States would do all of those before they would take the next step, which is to reduce enrollment in the program.

Based on these assumptions—enrolling individuals in managed care, reducing provider payment rates, and cutting optional services—Kaiser has projected the changes in covered beneficiaries. Under the most optimistic scenario, States would somehow reduce growth in spending per beneficiary to the rate of overall inflation.

Under another slightly less optimistic scenario, States would reduce real spending to the rate of inflation plus 1.9 percent per year per beneficiary. That number happens to be half the historical rate of growth for Medicaid. Either way, cost control would be more successful than that achieved by the private sector or by any public program, Mr. President, including the program that we have adopted for Federal employees. We are asking Medicaid, under these two scenarios, to be significantly more efficient than either the private sector or the public sector, including the judgment that we have made about our own health insurance program.

Even with such a faith in State government's ability to cut health care costs, let us look at what we can expect in just one State—California. What will the Medicaid landscape look like in the year 2002 in the largest of America's States? California is currently projected to receive \$95.7 billion in Medicaid funds from the Federal Government between the years 1996 and the year 2002.

The Senate reconciliation bill would limit California to \$77.7 billion, which is an \$18 billion reduction over that 7-year period. In the year 2002 alone,

California would have been expected to have received \$18 billion. The Senate bill would limit California to \$13.1 billion, a \$4.9 billion reduction from current projections of need in the 1 year of 2002.

Now, let us make some assumptions. Assume that California holds expenditure growth to inflation—a remarkable achievement. Having done so, and having also met the other assumptions, including moving all of those potentially into managed care and reducing the rates to providers, California would have to remove 320,548 people from the expected 6½ million Medicaid beneficiaries; 320,000 people would be removed from the Medicaid rolls.

Suppose California was not quite as successful, and instead of being able to hold health care costs to the rate of inflation, California was able to hold health care costs to the rate of inflation plus 1.9 percent. In that event, California would have to remove 1,065,823 of its 6½ million Medicaid beneficiaries.

Are we saying that in the year 2002, assuming that California has done a better job of reducing costs than the private sector, the public sector, including the Federal Government, that we are willing to allow between a third of a million to over 1 million people to lose their health care coverage in the year 2002 in the State of California? What happens if California is not able to reduce its costs? Is the Governor of California ready to accept responsibility for allowing perhaps millions of our country's most needy people to go without health care coverage?

Mr. President, my comments this morning boil down to some simple mathematics. Take the projected need in the Medicaid Program to the year 2002, which is \$954 billion, and then subtract the amount of the proposed cuts, \$176 billion; that amount of money that is left, \$778 billion is now going to pay for \$954 billion in projected needs.

Mr. President, the simple math tells us that the block grants will come up short, that they do not add up, that States will not have a sufficient amount of resources in order to meet the projected needs of the frail elderly, the disabled, poor children, and their mothers.

This brings me, perhaps, to the most repugnant feature of the Medicaid block grant proposal—the unmitigated cowardice of Congress for failing to admit, on the record, that these cuts will mean real suffering in the lives of real Americans.

It is as if the U.S. Senate has adopted a policy of "Don't ask, don't care."

The fact is, Mr. President, that the designers of these massive Medicaid cuts do not want to know who is really going to have to pay for the tax breaks that this \$176 billion will, in part, fund. Leave those messy details to the States. Take the high road. Take the cake and ice cream of doling out \$245 billion in tax breaks.

The truth is that the price for these tax breaks for the wealthy will be paid

for in the currency of suffering, preventable illness, inadequate or unavailable care, and, yes, even the death of infants.

What we saw orchestrated on the Senate floor 11 days ago was an elaborate ritual of plausible deniability. No hearings or debate on how many infants could die because of slackened prenatal care efforts. No hearings or debate on how many elderly will languish in nursing home warehouses because of deregulation and lower provider payments.

Mr. President, that is precisely what happened when the 20 hours of debate ran out on a 1,500-page bill with no discussion, no accountability, no honest admission that cutting \$176 billion from the projected needs of human beings that millions of Americans would suffer.

In effect, the Senate sent to the States and county governments the dirty work, the painful decisions. That is what we do when we embrace the don't-ask, don't-care standard for the formulation of public policy.

Mr. President, I ask unanimous consent for an additional 2 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GRAHAM. Mr. President, the standard for formulation of public policy seems to be "let the States and counties figure out who gets care and who does not. Their fingerprints will be on those decisions, not ours."

Make no mistake about it, these Medicaid cuts will cost infants and frail elderly and the disabled. Congress cannot wash its hands so easily with the pathetic refrain that "We didn't know." Congress did not know because it did not ask. It did not ask because it did not want to know. That is cowardice.

I never cease to be amazed how quickly the hands of Congress reach out to give tax breaks and favors and how quickly the same hands hide when it comes time to assume responsibility.

The record, Mr. President, is clear. The majority of both Houses of Congress, with callous aforethought, siphoned \$176 billion in health and long-term care of needy Americans without even a cursory concern for the human consequences.

Mr. President, I am sure that no Member wants to leave that kind of mark on America. There is still time to reform Medicaid without hurting people. There is still time to deliberate the actual effects of cutting \$176 billion in health and long-term care services for millions of Americans.

Such a deliberation will bring us face to face with the families, with the children, with the frail elderly, and with the disabled who will pay the price of this tax break.

Up to this point, Mr. President, the Senate has denied accountability and responsibility. That denial is not plausible.

The PRESIDING OFFICER. The Senator from Minnesota, under the order, will have 10 minutes.

Mr. McCONNELL. Will the Senator yield for a unanimous-consent request?

Mr. WELLSTONE. Of course.

Mr. McCONNELL. I ask unanimous consent I be allowed to proceed after the Senator from Minnesota.

The PRESIDING OFFICER. Under the order the Senator from North Dakota follows the Senator from Minnesota.

Mr. McCONNELL. After the Senator from North Dakota, I ask unanimous consent that I may proceed.

The PRESIDING OFFICER. Without objection, it is so ordered.

DEDICATION TO THE PEACE PROCESS

Mr. WELLSTONE. Thank you, Mr. President.

Please excuse me for not wanting to talk about the peace. I want to talk about my grandfather.

You always awake from a nightmare, but since yesterday I was continually awakening to a nightmare. It is not possible to get used to the nightmare of life without you. The television never ceases to broadcast pictures of you, and you are so alive that I can almost touch you—but only almost, and I won't be able to anymore.

Grandfather, you were the pillar of fire in front of the camp and now we are left in the camp alone, in the dark; and we are so cold and so sad.

I am not able to finish this; left with no alternative. I say goodbye to you, hero, and ask you to rest in peace, and think about us, and miss us, as down here we love you so very much. I imagine angels are accompanying you now and I ask them to take care of you, because you deserve their protection.

Mr. President, words of Noa Ben-Artzi Philosof, 17, granddaughter of Prime Minister Rabin, at yesterday's service in Israel.

I ask unanimous consent that her statement at the service be printed as part of the RECORD of the U.S. Senate and therefore the record of our country.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the New York Times, Nov. 7, 1995]

GOODBYE TO A GRANDFATHER: WE ARE SO COLD AND SO SAD

(The granddaughter of Yitzhak Rabin, Noa Ben-Artzi Philosof, 17, spoke at his funeral. Her remarks were translated and transcribed by the New York Times)

Please excuse me for not wanting to talk about the peace. I want to talk about my grandfather.

You always awake from a nightmare, but since yesterday I was continually awakening to a nightmare. It is not possible to get used to the nightmare of life without you. The television never ceases to broadcast pictures of you, and you are so alive that I can almost touch you—but only almost, and I won't be able to anymore.

Grandfather, you were the pillar of fire in front of the camp and now we are left in the camp alone, in the dark; and we are so cold and so sad.

I know that people talk in terms of a national tragedy, and of comforting an entire nation, but we feel the huge void that remains in your absence when grandmother doesn't stop crying.

Few people really knew you. Now they will talk about you for quite some time, but I feel that they really don't know just how great the pain is, how great the tragedy is; something has been destroyed.

Grandfather, you were and still are our hero. I wanted you to know that every time I did anything, I saw you in front of me.

Your appreciation and your love accompanied us every step down the road, and our lives were always shaped after your values. You, who never abandoned anything, are now abandoned. And here you are, my ever-present hero, cold, alone, and I cannot do anything to save you. You are missed so much.

Others greater than I have already eulogized you, but none of them ever had the pleasure I had to feel the caresses of your warm, soft hands, to merit your warm embrace that was reserved only for us, to see your half-smile that always told me so much, that same smile which is no longer, frozen in the grave with you.

I have no feelings of revenge because my pain and feelings of loss are so large, too large. The ground has been swept out from below us, and we are groping now, trying to wander about in this empty void, without any success so far.

I am not able to finish this; left with no alternative. I say goodbye to you, hero, and ask you to rest in peace, and think about us, and miss us, as down here we love you so very much. I imagine angels are accompanying you now and I ask them to take care of you, because you deserve their protection.

Mr. WELLSTONE. Mr. President, I said to my wife, Sheila, this morning that there is nowhere on Earth I would have rather been than in Jerusalem yesterday for this service to honor a very courageous man, Yitzhak Rabin.

Mr. President, I will never forget the long lines of the people in Jerusalem in Israel as we drove to the service, as I drove to the service with my colleagues—Democrats and Republicans—to look out of the window and to see the sadness of the people, to see the sadness of the people.

Mr. President, I will never forget the words at the service, the words of our President, President Clinton, the words of the Prime Minister's granddaughter. Her words were heard and felt by people all over the world. Nor will I forget the words of King Hussein of Jordan who said, "I remember my grandfather being assassinated"—the King as a little boy was next to his grandfather—"and now my brother"—my brother; he called Prime Minister Rabin his brother. He said, "I am not afraid. I am not afraid. If I have to meet that fate," the King said, "so be it, but I am committed to this peace process."

Mr. President, I just would like to say on the floor of the U.S. Senate that I owe a tremendous debt of gratitude to my State of Minnesota for giving me an opportunity to be a U.S. Senator and giving me an opportunity to be invited to be able to go and to be at that service.

I believe that the way that I can honor Prime Minister Rabin—I believe the way that all of us can honor Prime Minister Rabin—whether we are Democrats or Republicans, as leaders in the U.S. Congress, is to dedicate our services to this peace process.